

LO9000051033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

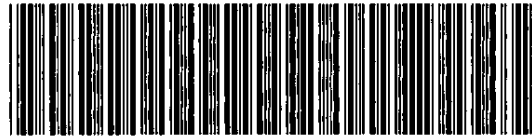
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400299058394

05/15/17--01012--015 **25.00

17 MAY 15 PM 10 24
RECEIVED
TALLAHASSEE, FLORIDA

MAY 17 2017

Y. CULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coconut Family LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rena Page

Name of Person

Page Law Practice, P.A.

Firm/Company

5045 sw 74th Terrace

Address

Miami, Florida 33143

City/State and Zip Code

renae@plawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rena Page

at (305)

321-4969

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Coconut Family LLC

2. (a) Coconut Family LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2889 MCFARLANE RD #2104

Miami, FL 33133

05/27/2009

(b) Coconut Family LLC

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2889 MCFARLANE RD #2104

Miami, FL 33133

L09000051033

3. Date of filing/registration in Florida

4. Document number

5. (a) Law Office of Renae Meltzer, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

13899 BISCAYNE BLVD., SUITE 148

Miami, FL 33181

The
(b) Page Law Practice, P.A.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

5045 sw 74th Terrace

Miami, FL 33143

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Martin Campion

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00